

EXAMPLE 1: COVER LETTER FOR A NEGOTIATED SHORT FORM
WITH PUBLIC RATE (WITHOUT PROPRIETARY RATE FILING)

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Group Name: Apple Growers of Washington
 Group Contract Number: AGOWSF-06
 Contract Effective Date: June 1, 2006
 Overall rate change: Increase 6.61%
 Eligible Employees: 59
 Enrolled Employees: 25
 Total Enrollees: 31

Enclosed is a group contract which is being filed as a "Negotiated Short Form" as it contains 12 or fewer deviations from the standard master *Washington Carrier* contract, form ABC123-06, with an effective date of 1/1/06. This negotiated short form is being filed for your review to assure compliance with state and federal guidelines.

The form deviation(s) are as follows:

- The group has a "Rehire Provision" added to the eligibility section of the certificate of coverage.
- The Chemical Dependency definition was revised for clarification purposes.

(The above section must be completed in full or the filing will be returned.)

A rate development summary (WAC 284-43-950) is not included because the annual large group rate manual has been filed with your office on (date) and the rating methodologies for this group is included in that rating manual. ***(Do not submit pages 8-5 through 8-8.)*** The new monthly rates for this group, effective 6/1/06 are as follows: (Note: a public rate must be given for each category in the rate tier, and for each rate heading.)

For public disclosure	Medical
Employee	231.00
Employee & Spouse	462.00
Employee, Spouse & Child(ren)	578.00
Employee & Child(ren)	347.00

This letter and the enclosed filing transmittal are prepared in duplicate and a self-addressed, stamped envelope is provided for your convenience in acknowledging your final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JULY 1, 2006	4. Proposed Effective Date JUNE 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE NEGOTIATED SHORT FORM WITH PUBLIC RATE	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input checked="" type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT		<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated	<input checked="" type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number: AGOWSF-06		Effective Date: 6/1/06	
Group Name: APPLE GROWERS OF WASHINGTON		Group Number: 00000	
Standard Master Contract Number (short form filings only): ABC123-06		Effective Date: 1/1/06	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	

Please note that rate filings and form filings must be submitted together for new plans

EXAMPLE 2-A: COVER LETTER FOR A NEGOTIATED SHORT FORM WITH
PUBLIC RATE & A SEPARATE PROPRIETARY RATE FILING

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Group Name: Apple Growers of Washington
Group Contract Number: AGOWSF-06
Contract Effective Date: June 1, 2006
Overall rate change: Increase 6.61%
Eligible Employees: 59
Enrolled Employees: 25
Total Enrollees 31

Enclosed is a group contract which is being filed as a "Negotiated Short Form" as it contains 12 or fewer deviations from the standard master *Washington Carrier* contract, form ABC123-06, with an effective date of 1/1/06. This negotiated short form is being filed for your review to assure compliance with state and federal guidelines.

The form deviation(s) are as follows:

- The group has a "Rehire Provision" added to the eligibility section of the certificate of coverage.
- The Chemical Dependency definition was revised for clarification purposes.

(The above section must be completed in full or the filing will be returned.)

A rate development summary is included pursuant to WAC 284-43-950. ***(See pages 8-7 through 8-8.)*** A copy of this letter is included for the separate proprietary rate filing. The new monthly rates for this group, effective 6/1/06 are as follows: (Note: a public rate must be given for each category in the rate tier, and for each rate heading.)

For public disclosure	Medical
Employee	231.00
Employee & Spouse	462.00
Employee, Spouse & Child(ren)	578.00
Employee & Child(ren)	347.00

This letter and the enclosed filing transmittal are prepared in duplicate and a self-addressed, stamped envelope is provided for your convenience in acknowledging your final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JULY 1, 2006	4. Proposed Effective Date JUNE 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE NEGOTIATED SHORT FORM WITH PUBLIC RATE	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary <input checked="" type="checkbox"/> For-Public				
19. NEGOTIATED CONTRACT		<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork	<input type="checkbox"/> Government <input type="checkbox"/> Paperwork
		<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork	<input type="checkbox"/> Union <input type="checkbox"/> Paperwork	
Negotiated Contract Number: AGOWSF-06 Effective Date: 6/1/06				
Group Name: APPLE GROWERS OF WASHINGTON Group Number: 00000				
Standard Master Contract Number (short form filings only): ABC123-06 Effective Date: 1/1/06				
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
Please note that rate filings and form filings must be submitted together for new plans				

EXAMPLE 2-B: COPY OF COVER LETTER FOR A NEGOTIATED SHORT FORM
FOR THE PROPRIETARY RATE FILING

JULY 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Group Name: Apple Growers of Washington
 Group Contract Number: AGOWSF-06
 Contract Effective Date: June 1, 2006
 Overall rate change: Increase 6.61%
 Eligible Employees: 59
 Enrolled Employees: 25
 Total Enrollees 31

Enclosed is a group contract which is being filed as a "Negotiated Short Form" as it contains 12 or fewer deviations from the standard master *Washington Carrier* contract, form ABC123-06, with an effective date of 1/1/06. This negotiated short form is being filed for your review to assure compliance with state and federal guidelines.

The form deviation(s) are as follows:

- The group has a "Rehire Provision" added to the eligibility section of the certificate of coverage.
- The Chemical Dependency definition was revised for clarification purposes.

(The above section must be completed in full or the filing will be returned.)

A rate development summary is included pursuant to WAC 284-43-950. *(See pages 8-7 through 8-8.)* This letter is included for the proprietary rate filing. The new monthly rates for this group, effective 6/1/06 are as follows:
(Note: a public rate must be given for each category in the rate tier, and for each rate heading.)

For public disclosure	Medical
Employee	231.00
Employee & Spouse	462.00
Employee, Spouse & Child(ren)	578.00
Employee & Child(ren)	347.00

This letter and the enclosed filing transmittal are prepared in duplicate and a self-addressed, stamped envelope is provided for your convenience in acknowledging your final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JULY 1, 2006	4. Proposed Effective Date JUNE 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE NEGOTIATED SHORT FORM WITH PROPRIETARY RATE	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17. <input type="checkbox"/> Provider Agreement			
18. RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input checked="" type="checkbox"/> Proprietary <input type="checkbox"/> For-Public	PROPRIETARY RATE JUNE 1, 2006	PROPRIETARY RATE JUNE 1, 2005	AG0WSF-06, 6/1/06
19. NEGOTIATED CONTRACT	<input type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork	<input type="checkbox"/> Government <input type="checkbox"/> Paperwork
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork	<input type="checkbox"/> Union <input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	

Please note that rate filings and form filings must be submitted together for new plans

**EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED
RATE SUMMARY
GROUPS OTHER THAN SMALL GROUPS FILING SUMMARY
(WAC 284-43-950)**

Carrier Name	WASHINGTON CARRIER
Address	0000 ANY STREET
	ANY TOWN, ANY STATE 00000
Contract Holder/Pool Category and Name (Check One Box)	<input checked="" type="checkbox"/> Single Employer Group: Employer Name: APPLE GROWERS (A SINGLE EMPLOYER GROUP)
	<input type="checkbox"/> Multiemployer other than Association/Trust Groups Group Pool Name:
	<input type="checkbox"/> Association/Trust Groups Association/Trust Group Name:
Contract Form Number	AGOW-06, 1/1/06
Rate Form Number (if different from Contract Form Number)	
Product Name	APPLE GROWERS OF WASHINGTON

Rate Renewal Period:	From: 6/1/06	To: 5/31/07
Date Submitted:	7/1/06	
Type of Filing (check one box):	<input type="checkbox"/> New Group Contract	<input checked="" type="checkbox"/> Revision of Existing Group Contract

Rate Summary

Current Rate (Composite per employee or per member)	\$ 485.57 per member per month
Percentage Rate Change	6.61%
New Rate	\$ 517.66 per member per month
Average Number of Enrollees Each Month During the Experience Period (If the average number of enrollees is equal to or less than fifty, explain why this is not a small group, as defined in RCW 48.43.005.)	31 This group has 59 employees. Only 31 employees are enrolled.
Anticipated Loss Ratio	86.62%
Portion of carrier's total enrollment affected	0.01%
Portion of carrier's total premium revenue affected	0.01%

EXAMPLE: WAC 284-43-950 FULLY NEGOTIATED RATE SUMMARY

Summary of Contract Experience

	Experience Period	First Prior Period	Second Prior Period
	From 1/1/05 To 12/31/05	From To	From To
Member Months	372		
Billed Premium	\$180,632.04		
Incurred Claims	\$151,730.88		
Expenses	\$27,094.81		
Gain/Loss	-\$1,806.35		
Experience Refund/Credit or Recoupment	\$-0-		
Earned Premium (Billed Premium - /.+ Refund/Credit or Recoupment)	\$180,632.04		
Loss Ratio Percentage	84.0%		

Comments or additional information.	
Preparer's Information	
Name:	JOE SMITH
Title:	UNDERWRITING MANAGER
Telephone Number:	(000) 000-0000